

APPLICATION FOR APPROVAL TO KEEP AND USE LABORATORY ANIMALS

(Pursuant to California Health and Safety Code, Division 2, Chapter 5, Sections 1650 to 1677 and California Code of Regulations Title 17, Chapter 2, Subchapter I, Group 5, Care of Laboratory Animals: Sections 1150 to 1159.)

Return completed form to: California Department of Health Services
Animal Use Approval Program
Laboratory Central Services
2151 Berkeley Way, Room 512
Berkeley, CA 94704

1. Name of institution		Telephone number (include area code)	
Address (number/street)	City	State	ZIP code
2. Mailing address, if different		City	State
		State	ZIP code
3. Name of owner (if a corporation, chief executive officer (CEO))			
Address (number/street)	City	State	ZIP code
4. Name of individual directly responsible for animal care and use program and records			
5. Attending or consulting veterinarian, if any			
6. Are all animals maintained at a single location?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No—list additional locations and individual responsible at each (use additional sheet if necessary)			
7. Types of animal use (check all that apply)			
<input type="checkbox"/> Instructional	<input type="checkbox"/> Breeding	<input type="checkbox"/> Testing	<input type="checkbox"/> Research
<input type="checkbox"/> Surgery	<input type="checkbox"/> Clinical assay	<input type="checkbox"/> Other: _____	
8. Animals kept or used during the previous calendar year			
Species	Number	Source	
Laboratory mice			
Laboratory rats			
Other			
9. Signature of individual responsible for animal care		Date	
10. Signature of owner or chief executive officer		Date	